



## CHSP Contract/Reporting Workshop

New Agencies, New Directors

FY 24 - 25

# CHSP GRANTS- GENERAL

- Ensure program and finance staff are in communication
  - Have a “So We Got A Grant” meeting including all relevant staff
- Timeliness matters. Prioritize reporting and reimbursement requests.
- Develop a concrete plan for collecting data and tracking performance metrics.
  - Many metrics require pre/post tests or reaching clients after a period of time
- Develop a plan for staffing gaps.
  - Ex: Who will pick up CHSP reporting/fiscal duties if a key staff person leaves?
- Program Monitoring
- CRT Comments

# CONTRACT SUBMISSION INSTRUCTIONS

1. If the agency's required legal documents have expired, the agency will receive a Grant Management Checklist that specifies which documents have expired. **All documents identified in the Grant Management Checklist must be** emailed to [HumanServices@talgov.com](mailto:HumanServices@talgov.com) and/or [HumanServices@leoncountyfl.gov](mailto:HumanServices@leoncountyfl.gov) before the contract can be executed.
2. You will receive a copy of the agency's contract as a PDF form via email, along with the Contract Attachments as a Word document. **The pdf contract is for review only at this stage.**
3. Complete the Contract Attachments and return (**in Word format**) to the City and/or County email addresses.
4. The Provider Self-Monitoring Checklist must be completed, signed by all parties and emailed to City and/or County email addresses.
5. The finalized contract will be sent electronically to the agency's contact person listed in the Contract Attachments. The contact person will be required to provide an electronic signature. **It is important to sign this document as soon as possible.**

# Contract Submission Due Date: October 11, 2024



- Extensions must be requested in writing.
- It is in the agency's interest to solidify contracts as soon as possible as no advances or reimbursements can be made until contracts are executed.
- To expedite the approval process, you can submit the Contract Attachments and other required documents prior to the deadline.

# CONTRACT ATTACHMENTS

Prior to submission of the Contract Attachment document, please carefully review for accuracy and **ensure that the document is numbered sequentially. Failure to follow the instructions will delay the execution of the Agreement.**

Please note that the **General Revenue, Change for Change and Promise Zone contract attachment documents include** the following sections:

- Attachment A: Statement of Work
- Attachment B: Collaboration Plan
- Attachment C: Program Logic Model/Outcome Measurement Framework
- Attachment D: Method and Amount of Compensation
- Contact Information for the Agency's Authorized Signatory

**CDBG, ARPA contract attachments** also include:

- Attachment E: Lobbying Certification
- Attachment F: Suspension & Debarment Certification
- Exhibit 1: Funding Sources

# CONTRACTS - REQUIRED DOCUMENTS

The City and/or County must have up-to-date copies of the following legal documents on file:

- Agency by-laws
- US Dept of Treasury-501c3 status
- FL Dept. of State Registration
- FL Dept. of Agriculture & Consumer Services Registration
- FL Dept. of Revenue
- Audit Report (if applicable)
- 990
- Liability Insurance\*
- EEO/ Non-Discrimination policy
- Check Signing Policy
- Fiscal Management Policy
- Records Retention Policy
- Conflict of Interest Policy

**\*In the agency's general liability policy, please ensure that the City of Tallahassee and/or Leon County is included as an additionally insured party.** If your policy does not include this stipulation, please make the necessary changes and email the documents to City and/or County email addresses. **This is a mandatory requirement.**

# CONTRACTS – CITY/COUNTY SUPPLIER

If agency is not already a vendor/supplier with the City and/or County, you will need to go through the process to get agency registered as one.

City Supplier Portal:

<https://www.talgov.com/doingbusiness/b2g.aspx>

Leon County: Email Mindy Conney

[conneym@leoncountyfl.gov](mailto:conneym@leoncountyfl.gov)



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# CHSP REIMBURSEMENT REQUESTS

Reimbursement packets should include and be arranged in the following order:

- A. Cover letter
- B. Reimbursement request form (Provided by COT/Leon County)
- C. Detail sheet listing individual expenses in each category
- D. Documentation of expenses
  - In order of categories as they are listed on expenditure form
  - Separated with cover sheet for each category
- E. Proof of payment (Credit card/bank statements)



# CHSP REIMBURSEMENT REQUESTS

- A. Payments will not be processed until all quarterly and year-end reporting requirements have been met. **There are no exceptions.**
- B. On the Report of Expenditures and Reimbursement Request form, check the appropriate funding source.
- C. Although the **Report of Expenditures and Reimbursement Request** lists specific cost categories, please modify those cost categories to match the budget listed in the Agency Agreement attachment: **Method and Amount of Compensation.**
- D. No budgetary changes can be made unless a **budget amendment** is requested and approved in writing. An exception to this general rule is as follows: an agency can spend up **to 10% above each cost category** without obtaining prior approval.
- E. When submitting reimbursement requests, please also submit a **brief cover letter on agency letterhead** that includes the dates covered, agency contact information and amount of the request. The cover letter is required by the accounting office and is used as an invoice for processing reimbursement requests.

# CHSP REIMBURSEMENT REQUESTS

- F. Please also include a **detail sheet** listing each individual expense in each category.
- G. When submitting receipts, ensure that the date of purchase, purchase amount, items purchased, and the vendor name are legible. **Only readable receipts will be reimbursed.**
- H. Attach to your report all **proof of expenditures** (such as itemized receipts, canceled checks, bank statements, program brochures, payroll records, invoices, etc.) for which you are requesting reimbursement. **Please note that no sales tax, late fees, excessive shipping fees, convenience fees, or tips will be reimbursed.**
- I. When claiming travel or training, please include appropriate documentation such as event brochures/itineraries, registration payment, and hotel and food receipts. Agencies that use a set formula or rate to determine food or travel costs (per diem or mileage) do not need to submit food receipts or gas receipts. **However, please submit agency travel forms that document how travel was calculated.**

# CHSP REIMBURSEMENT REQUESTS

- J. If you have **ongoing accounts** at businesses such as Office Depot, submit actual receipts of the purchased items (or a billing statement that itemizes the purchases) that you want the City or County to reimburse. The general billing statement is not adequate.
- K. Organize the report of expenditures and reimbursements by cost category and **separate each cost category** with a cover sheet that notes the cost category. **Highlight/circle expenses**. Note if not requesting the entire amount. This will expedite the processing of the reimbursement request.
- L. All invoices must be signed by the vendor and the agency representative, including payroll and contractual services documents.
- M. Direct client assistance: Rental/utility assistance requires full lease/utility bill with client's name. Team 11 agencies must include HMIS number on documentation. If requesting food for meetings/workshops, attendance sheet must be provided.

# CHSP REIMBURSEMENT REQUEST TIPS

- Expenses attributed to the FY 24-25 grant must be incurred by Sept. 30, 2025. Expenses incurred on October 1, 2025 or after must be reimbursed through the FY 25-26 grant.
- For each expense: original receipt/invoice + proof the agency paid for it
- Watch spending to ensure the agency is on track to spend the entire grant amount.
- Budget amendments must be requested in writing.
- Use sample reimbursement request packet as a guide.
- Ensure expenses are **program** related.

TIP: Ask first if you are unsure if an expense is eligible.

# CHSP REIMBURSEMENT REQUESTS

Reimbursement requests must be submitted in pdf format to:

City of Tallahassee	Leon County
<p>Send pay requests to the following email address: <a href="mailto:HumanServices@talgov.com">HumanServices@talgov.com</a></p> <p><b>Contacts for pay requests:</b> Cheryl Beasley, 891-7097 E'jaaz Abdul-Musawwir, 891-6584 Virginia Kyllonen, 891-6523 Robyn Wainner, 891-7174 Department of Housing and Community Resilience, Human Services Division</p>	<p>Send pay requests to the following email address: <a href="mailto:HumanServices@leoncountyfl.gov">HumanServices@leoncountyfl.gov</a></p> <p><b>Contact for pay requests:</b> Mindy Conney, 606-1948 Office of Human Services and Community Partnerships</p>



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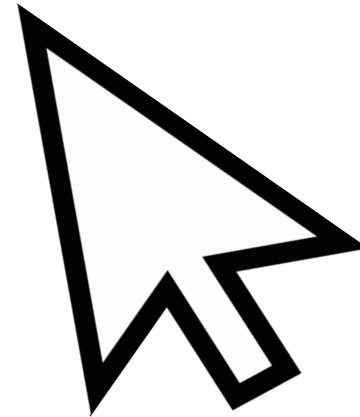
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# REPORTING REQUIREMENTS

Quarterly/Year-End Reports	Reporting Period	Report Submission Deadlines
<b>First Quarter</b>	October 1, 2024 through December 31, 2024	<b>January 25, 2025</b>
<b>Second Quarter</b>	January 1 through March 31, 2025	<b>April 25, 2025</b>
<b>Third Quarter</b>	April 1 through June 30, 2025	<b>July 25, 2025</b>
<b>2024-25 Year-End Cumulative Report</b> (A fourth quarter report is <b>not</b> required)	October 1, 2024 through September 30, 2025	<b>October 31, 2025</b>

# CHSP REPORTING OVERVIEW

CHSP Portal: [www.chspportal.org](http://www.chspportal.org)



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# CHSP PORTAL

Agencies

Home > Agencies > Contacts List

CHSP County Training

Contacts List

Add Contact

Active

Delete	Contact Name <i>(click to open)</i>	Title	Phone	Login Access
✗	<a href="#">Morrell, Anita</a>		(850) 443-5606 ext: Work	✓
✗	<a href="#">Wainner, Robyn</a>		(850) 508-8169 ext: Work	✓

Showing 1 to 2 of 2 Records



# CHSP REPORTING OVERVIEW

## Section 1: Persons Served

A

### Unduplicated Persons Served Demographics

Pounds Served Quarterly

Estimated Number Of Meals (Quarterly)

Persons Served	Black / African American	White	Asian	American Indian / or Alaskan Native	Native Hawaiian / Other Pacific Islander	American Indian / Alaskan Native & White	Asian & White	Black / African American & White	American Indian / Alaskan Native & Black / African American	Other Multi Racial	Total Persons
Male	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Totals	0	0	0	0	0	0	0	0	0	0	0
Ethnicity											
Hispanic	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0

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# CHSP REPORTING OVERVIEW

## Section 1: Persons Served

C

### Census Tract Data & Number of Persons Served for Each Tract Area for Current Reporting Period.

Use the section below to report Census Tract data for the persons served during this reporting period. For more instructions visit the [American Factfinder website](#). Press icon American Factfinder and press icon Address Search. In accordance with the Department of Housing and Urban Development, a homeless individual is an individual who lacks a fixed, regular, and adequate nighttime residence, or an individual who has a primary nighttime residence that is: a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels), an institution that provides a temporary residence for individuals intended to be institutionalized, or a public or privately place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Census Tract Number	Number of Persons Served in Census Tract Area	Census Tract Number	Number of Persons Served in Census Tract Area
2	<input type="text"/>	3.01	<input type="text"/>
3.02	<input type="text"/>	3.03	<input type="text"/>
4	<input type="text"/>	5	<input type="text"/>
6	<input type="text"/>	7	<input type="text"/>
8	<input type="text"/>	9.01	<input type="text"/>
9.03	<input type="text"/>	9.04	<input type="text"/>
9.05	<input type="text"/>	10.01	<input type="text"/>

This section is only for Team 10-Promise Zone grantees.

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# CHSP REPORTING OVERVIEW

Quarterly Reporting

In Progress

Home > Agency > Quarterly Reporting > Quarterly Report

## Section 1: Persons Served

D

### Total Number of Anticipated versus To-Date Persons Served

Anticipated Number of Unduplicated Persons Served as Stated in the Contract, Attachment A

Cumulative Number of Unduplicated Persons Served To-Date



# CHSP REPORTING OVERVIEW

Home > Agency > Quarterly Reporting > Quarterly Report

## Section 2: Program Accomplishments

A

### Implementation Timeline

Program Implementation Timeline: Please select an Outcome and Performance Metric then report the Number Achieving Metric this Quarter by selecting Add Outcome and Performance Metric below.

Add Outcome and Performance Metric

### Promise Zone Only

List any activities the agency conducted related to Neighborhood First plan implementation, partnership development or community engagement.

List the number of Neighborhood First meetings that agency representatives attended this quarter and describe meeting results.

# CHSP REPORTING OVERVIEW

## Program Implementation Timeline



Please select an Outcome and Performance Metric then report the Number Achieving Metric this Quarter below.

Service Goal: Strengthen Academic Performance & Reduce Risk Factors for At-Risk Youth (K-12)

\* Outcome

Please select an outcome



Please select an outcome

\* Performance Metric

Please select a performance metric



\* Number Achieving Metric this Quarter

Cancel

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# CHSP REPORTING OVERVIEW

## Section 2: Program Accomplishments

B

### Obstacles/Challenges

Highlight specific challenges and needs facing your program and the actions taken to resolve them

# CHSP REPORTING OVERVIEW

## Section 2: Program Accomplishments

C

### Major Accomplishments and Sustainable Partnerships

List major collaborative accomplishments and discuss efforts toward developing sustainable partnerships achieved during this reporting period.

# CHSP REPORTING OVERVIEW

## Section 2: Program Accomplishments

D

### Citizens Review Team Findings

If the Citizens Review Team issued a finding or serious concern (i.e., a concern that directly impacts the capacity of the agency to effectively deliver the program) in your current CHSP award letter, please state the specific finding or serious concern in the chart below. When completing the sections below regarding the finding or serious concern as well as the corrective action plan/task, state the precise language included in the contract. In the timeline for completion section, state the date that the task was completed.

Add Finding or Concern

\* Or

The Agency does not have a CRT Finding or Serious Concern for this reporting period

Findings & Concerns are highlighted in award letter



# CHSP REPORTING OVERVIEW



Quarterly Reporting

In Progress

Home > Agency > Quarterly Reporting > Quarterly Report

## Section 2: Program Accomplishments

E

### Obstacles to Resolving Citizens Review Team Findings

Discuss any significant obstacles encountered in the resolving CRT findings or concerns



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# CHSP REPORTING OVERVIEW

F

## Promise Zone: Key Strategies & Lessons Learned

Promise Zone Only: Key Strategies & Lessons Learned (for the current reporting period only) Describe up to three strategies that contributed most toward the success of your program

This section is only for Team 10-Promise Zone grantees.

# CHSP REPORTING OVERVIEW

## Section 3: Verification


\* Report Prepared By

\* Agency Contact Person's Phone Number

\* Agency Contact Person

\* Agency Contact Person's Email

Signature of Agency Director:



Sign above

Clear

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Submit

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# CONTACTS

## City of Tallahassee:

Reception Desk: 850-891-6566

Anita Morrell, Human Services Manager  
850-891-6561  
Anita.Morrell@talgov.com

Robyn Wainner, Human  
Services Coordinator  
850-891-7174  
Robyn.Wainner@talgov.com

Virginia Kyllonen, Human Services  
Coordinator  
850-891-6523  
Virginia.Kyllonen@talgov.com

Cheryl Beasley, Human  
Services Specialist  
850-891-7097  
Cheryl.Beasley@talgov.com

E'jaaz Abdul-Musawwir, Human  
Services Specialist  
850-891-6584  
Ejaaz.Abdul-Musawwir@talgov.com

## Leon County:

Reception Desk: 850-606-1900

Abby Thomas, Director  
Office of Human Services and Community Partnerships  
850-606-1913  
ThomasAb@leoncountyfl.gov

Jackie Fortmann, Human Services Analyst  
Direct Line: 850-606-1934  
Email: fortmannj@leoncountyfl.gov

Mindy Conney, Human Services Specialist  
Direct Line: 850-606-1948  
Email: conneym@leoncountyfl.gov